

DEPARTMENT OF LOCAL AFFAIRS  
VOUCHER FOR PURCHASES AND SERVICES

DS

Agency	Division Name	PV Date	Acctg Period/FY	PV Number
NAA	FS	11/19/08	05/09	05 2139

VENDOR CODE (Box must be completed in order to process)	Payee Name and Remit To Address (Get information from invoice)	P# or Encumbrance Number (where applicable, 11 digit)
840532959	Town of Nunn P.O. Box 171 Nunn, CO 80648	FOBMLG6024

<--- You may skip these codes for lines using encumbrance --->

PO Line	Type P/F	INVOICE NUMBER	FUND 3 digit	ORGN 4 digit	APPR 3 digit	OBJT 4 digit	SUB 2 digit	GBL 4 digit	RPTC 4 digit	DESCRIPTION See Checklist for info	AMOUNT
01	P		153	FAAD	128			BMGB		Interim Payment	17,960.25
	P									EIAF - # 6024	
	P										
	P										
	P										
	P										
	P										
	P										
Note: Balance 35,039.75											TOTAL: 17,960.25

**Contract Payment Certification:** (Complete by Contract Administrator on a payment where no payment request is attached)  
I have reviewed the financial and narrative status reports required by the contract and found the reports to be in compliance with the terms of the contract. I approve payment for the requested amount on contract encumbrance number 6024. The period covered by this request is: From 7/7/2008 To: 11/17/2008  
Contract Administrator's Signature: [Signature] Date: 11-17-08

**Miscellaneous Reimbursement Certification:** (Complete by payee for non-travel related reimbursements)  
I certify that I actually paid for and received the goods or services purchased for official State business and that reimbursement will not be made to me from any other sources.  
Payee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immigration Status Reporting:** (Complete on Payment of grant funds to town, city, city & county, or county). Verified by: DVD  
 Payee met certification/reporting requirement of CRS 29-29-103(2)(b), or SB 06-090.

**SPECIAL INSTRUCTIONS (to Accounting):**  
Voucher Processing:  
 Run Immediate Requested-See Checklist  
 Pay by Electronic Funds Transfer  
**Hold Warrant for:** (All warrants will be mailed by State Controller's Office unless specified otherwise)  
 Return to Division  
 Accounting to mail with attachment

**For Division Use Only**  
Prepared by [Signature] Date 11-17-08  
Keyed by DVD Date 11/19/08  
Approved by [Signature] Date 11/19/08

**For Accounting Use Only**  
Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Approved by \_\_\_\_\_ Date \_\_\_\_\_

Please see the Payment Voucher Checklist for instructions

NOV 20 2008